Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NOVEL RECEPTOR-TYPE

PHOSPHOTYROSINE PHOSPHATASE-

ALPHA

Attorney Docket Number:: 034536-1210

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 16

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Joseph

Family Name:: SCHLESSINGER

City of Residence:: Woodbridge

State or Province of CT

Residence::

Country of Residence:: US

Street of mailing address:: 50 Rock Hill Road

City of mailing address:: Woodbridge

State or Province of mailing CT

address::

Postal or Zip Code of mailing 06525

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Jan M.

Family Name:: SAP

City of Residence:: New York

State or Province of NY

Residence::

Country of Residence:: US

Street of mailing address:: 393 East 30th Street, Apt. 4B

City of mailing address:: New York

State or Province of mailing NY

address::

Postal or Zip Code of mailing 10016

address::

Correspondence Information

Correspondence Customer Number:: 22428

E-Mail address:: PTOMailWashington@Foley.com

Representative Information

Representative Customer	30543	
Number::	·	

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	Division of	10/671,589	09/29/2003
10/671,589	Division of	09/280,597	03/29/1999
09/280,597	Division of	08/448,288	05/23/1995
08/448,288	Division of	08/015,985	02/10/1993
08/015,985	Continuation-in-part	07/654,188	02/26/1991
	of		·
07/654,188	Continuation-in-part	07/551,270	07/11/1990
	of		

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::

NEW YORK UNIVERSITY